

Manifest Number: LAP23051980  
Sequence No. 1

STATE OF LOUISIANA  
DEPARTMENT OF NATURAL RESOURCES  
HAZARDOUS WASTE MANAGEMENT  
P.O. BOX 44066  
BATON ROUGE, LOUISIANA 70804

For Dept. Use  
Index # \_\_\_\_\_  
Date \_\_\_\_\_

2. WASTE INFORMATION:					PACKAGING	
HM	SHIPPING DESCRIPTION	HAZARD CLASS	WASTE NUMBER	WEIGHT (TONS)	QTY.	TYPE
X	SEMI-CLF	FLAMMABLE	1018	0.0075	2	
X	TENNYL CHLORIDE	POISONOUS	2028	0.0060	1.5	

3. GENERATOR INFORMATION: Identification Number: LAP23051980 Telephone: (318) 436-0739  
NAME OF COMPANY: POSSI Strategic Petroleum Reserve (Dept. of Energy)  
ADDRESS: PO Box 278, Hackberry, LA 70645 ZIP: 70645  
SHIPPING LOCATION: Black Lake Road, Hackberry, LA.  
CERTIFICATION: This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, and the Louisiana Department of Natural Resources.  
[Signature] Generator Signature 2/24/84 Date

4. TRANSPORTER INFORMATION: Identification Number: LAP23051980 Telephone: (318) 436-0739  
NAME OF COMPANY: POSSI DATE OF PICK UP: 2/24/84 TIME: 0915 Hrs  
CERTIFICATION: This is to certify that the above-named materials were picked up at date and time above and that to the best of the transporter's knowledge, his portion of the manifest is accurately and correctly filled out.  
[Signature] Transporter Signature

CERTIFICATION: This is to certify that the above-named materials were delivered without incident to the disposer at the date and time below.  
[Signature] DATE OF DELIVERY 2/24/84 TIME: 0930  
[Signature] Transporter Signature

5. DISPOSER INFORMATION: Identification Number: LADCR0777201 Telephone: 318-583-2144  
NAME OF COMPANY: CHMT  
LOCATION WHERE SHIPMENT RECEIVED: Carlyss, LA 70643  
CERTIFICATION: This is to certify acceptance of the hazardous waste, that the waste has been or will be disposed of in accordance with Department of Natural Resources regulations, and that to the best of the disposer's knowledge, his portion is accurately and correctly filled out.  
[Signature] Disposer Signature 2-24-84 Date

6. EMERGENCY INFORMATION:  
Immediate Response Information: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Special Handling Instructions: \_\_\_\_\_  
Comments: \_\_\_\_\_

BILL,  
This form is what  
I need for DNR  
2/25/84

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